

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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(703) 746-4000

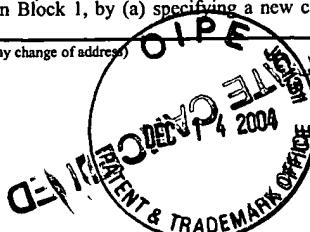
or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000959 7590 09/13/2004

LAHIVE & COCKFIELD, LLP.

28 STATE STREET
BOSTON, MA 02109DE 13 2004
PATENT & TRADEMARK OFFICE

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

SEE CERTIFICATE OF	(Depositor's name)
EXPRESS MAILING	(Signature)
ATTACHED HEREWITHE	(Date)

APPLICANT/TRADEMARK OWNER	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/653,730	09/01/2000	Marvin Whiteley	UIZ-038	5801 12/16/2004 HBERHE1 00000024 120080 09653/30

TITLE OF INVENTION: QUORUM SENSING SIGNALING IN BACTERIA

01 FC:1501 1400.00 DA
02 FC:8001 30.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/13/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
HINES, JANA A	1645		435-034000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lahive & Cockfield LLP

DeAnn F. Smith

Lisa M. DiRocco

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Iowa Research Foundation
Vertex Pharmaceuticals (San Diego) LLCIowa City, Iowa
San Diego, CaliforniaPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Maria Laccotripe

Date 12/13/04

Typed or printed name Maria Laccotripe Zacharakis, Ph.D., J.D.

Registration No. 56,266

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/08/04

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/08/04)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,430.00

Complete if Known

Application Number	09/653730-Conf. #5801
Filing Date	September 1, 2000
First Named Inventor	Marvin WHITELEY
Examiner Name	J. A. Hines
Art Unit	1645
Attorney Docket No.	UIZ-038RCE

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

Deposit
Account
Number

12-0080

Deposit
Account
Name

Lahive & Cockfield, LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	- 20 =	Extra Claims	Fee (\$)	Fee Paid (\$)
		x	=	

Indep. Claims	- 3 =	Extra Claims	Fee (\$)	Fee Paid (\$)
		x	=	

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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Subtotal (2)	\$	0.00
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3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	
Other: 8001 Printed copy of patent w/o color		30.00	
1501 Utility Issue Fee			1400.00

Subtotal (3)	\$	1430.00
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SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	56,266	Telephone	(617) 227-7400
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.			Date	December 13, 2004

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Dated: December 13, 2004

Signature:



PATENT APPLICATION NO. (if known): 09/653730

Attorney Docket No.: UIZ-038RCE

Certificate of Express Mailing Under 37 CFR 1.10

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on December 13, 2004
Date

A handwritten signature in black ink, appearing to read "Maria Laccotripe Zacharakis". Below the signature is a horizontal line with the word "Signature" written above it.

Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name of person signing Certificate

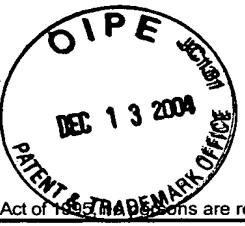
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(617) 227-7400
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Transmittal (1 page);
Part B Issue Fee Transmittal (PTOL-85) (1 page);
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Certificate of Express Mailing (1 page)
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TRANSMITTAL FORM

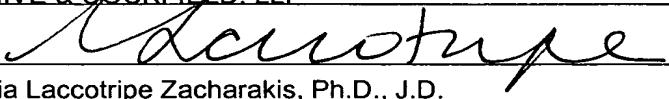
(to be used for all correspondence after initial filing)

		Application Number	09/653730-Conf. #5801
		Filing Date	September 1, 2000
		First Named Inventor	Marvin WHITELEY
		Art Unit	1645
		Examiner Name	Jana A. Hines
Total Number of Pages in This Submission		Attorney Docket Number	UIZ-038RCE

ENCLOSURES (Check all that apply)

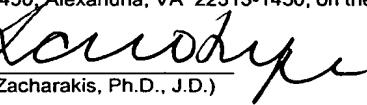
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Part B Issue Fee Transmittal (PTOL-85) (1 page)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	- Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	- Certificate of Express Mailing (1 page)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D., J.D.		
Date	December 13, 2004	Reg. No.	56,266

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Dated: December 13, 2004

Signature: 
(Maria Laccotripe Zacharakis, Ph.D., J.D.)